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Applicant:

Richard SELINFREUND, et al.

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Sir:

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- [X]Information Disclosure Statement
- [X]Form PTO-1449 and References
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If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

No fee is required. If a fee is required, it may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

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